

**Village of Wappingers Falls  
Office of Planning and Zoning  
7 Spring Street Wappingers Falls, NY 12590  
(845) 297-5277 Fax: (845) 296-0379**

**APPEAL AS AN AGGRIEVED PERSON(S)**

**APPEAL NUMBER:** \_\_\_\_\_ **MEETING DATE** \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY LOCATION:** \_\_\_\_\_

**TAX MAP #:** \_\_\_\_\_

**ZONING DISTRICT:** \_\_\_\_\_

**DEED RESTRICTIONS:** \_\_\_\_\_

**ACTION REQUESTED: (check one)**

\_\_\_ To interpret a particular section of the ordinance, as it is felt the Zoning Administrator/Planning Commission is not using the proper interpretation: The Section is:

\_\_\_ To interpret the zoning map, as it is felt the Zoning Administrator/Planning Commission is not reading the map properly. Describe the portion of the zoning map in question (attach detail maps if applicable): \_\_\_\_\_

DESCRIPTION OF APPEAL

**DATES AND DESCRIPTIONS OF PRIOR APPEALS, VARIANCES  
OR SPECIAL PERMITS FOR PROPERTY :** \_\_\_\_\_

\_\_\_\_\_